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FORM

(to be used for all correspondence after initial filing)

		Application Number	10/815,628
		Filing Date	
		First Named Inventor	Lachlan Everett Hall
		Art Unit	1755
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	IRAO003US

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Copies of IDS citations
<small>Remarks</small> Email: kia.silverbrook@silverbrookresearch.com Telephone: 61-2-9818-6533 Facsimile: 61-2-9818-6711		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kia Silverbrook c/Silverbrook Research Pty. Ltd. 393 Darling Street, Balmain, NSW, 2041, Australia
Signature	
Date	October 27, 2004

## CERTIFICATE OF TRANSMISSION/MAILING

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Substitute for form 1449B/PTO		Complete if Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>			
(Use as many sheets as necessary)			
Sheet	2	of	2
		Application Number	10/815,628
		Filing Date	April 2, 2004
		First Named Inventor	Lachlan Everett Hall
		Group Art Unit	
		Examiner Name	1755
		Attorney Docket Number	IRA003US

#### OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS

Examiner Signature	/Laura Martin/	Date Considered	04/17/2008
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**\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.**

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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